STATEMENT OF ORGANIZATION			OFFICE USE ONLY
Name and Address of Committee		2. Date of this Statement	PAC
La. Pharmacists Politic	al Action	1-21-16	5/0
P.D. Boy 370 CO	mmittee	3. Estimated Membership	1/26
Y.U. DUL 400	1000		
Ville Platte, La	10586	4. Amended Statement?	not dill
Check If: New Committee		YesNo	# 796441 #171
5. All Committee Officers and Directors (including	g Chairperson, Treasure	r, if any, and any other committee of	ficers and directors)
a. <u>Name</u> b. <u>Po</u>	sition	c. Address	
		Hard Wood Brive	e Ville Platte, La 70586
Robert C. LeBas Treasurer Allo E. Smiley Rd. Opelousas, La 70570			
Affiliated Organizations     (Any organization, other than a political comm	littee, which directly or inc	directly established, administers, or	financially supports this committee.)
	dress		c. Relationship to Committee
	n/a		• •
7. All Depositories for Committee Funds (comm funds.)	ttee funds must be depos	sited in one or more banks or saving	s and loan institutions or money market mutual
•	dress		
a. Name b. Ad  Evargeline Bank & Trust	company "	497 W. Main Street	et Ville Platte, La
			70586
8. IF THIS COMMITTEE SUPPORTS A SINGLE Committee	CANDIDATE: a. Che	eck one: Principal Camp	aign Committee Subsidiary
b. Name of Candidate			c. Office Sought by the Candidate
9. a. Name of Person Preparing Report			20:
b. Daytime Telephone			S The state of the
10. WE HEREBY CERTIFY that the information and belief.	contained in this STATEM	MENT OF ORGANIZATION is true an	d correct to the best of our knowledge. Information
This 21 day of January	, 2014	•	THE THE THE
Oly of State Con	17	<b>/</b>	
Sinday of Compainted or Signal			7-363-3456 - (3)
Signature of Committee Chairpet		Бауі	ino raspione radilusi
The fit	2B	73.	7-948-9827
Signature of Committee Treasure	r, if any		time Telephone Number